

Plumbers/Contractors/Sub-Contractors

Company Name:			
Mailing Address:			
Phone #:	City:		Zip Code:
License Type:			
License #:			
Meeting Attended: (Ch	neck one)		
Wednesday, Jan	uary 31, 2018 (2:00 PM – Da	vid Gebhard Public	Meeting Room, 630 Garden St)
	2018 PowerPoint Course (vorms, SLIP PowerPoint 201		ca.gov/lateral)
meeting held on the d		int provided online	ow the guidelines set forth in the . Please hand deliver or submit
Employees Signature	covered under this form:		
Print:		Signature:	